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Appln. No.: 10/072,567

Amendment Dated: June 20, 2005 ERERLY to Office Action of April 21, 2005

BSI-480US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ອີໂກ. No:

10/072,567

Applicant:

Naroun Soun et al.

Filed:

February 8, 2002

Title:

BRAIDED MODULAR STENT WITH HOURGLASS-SHAPED INTERFACES

TC/A.U.:

3731

Examiner:

Bui, Vy Q.

Confirmation No.: 1958 Docket No.:

BSI-480US

AMENDMENT UNDER 37 C.F.R. § 1.116 **Expedited Procedure**

Mail Stop AF **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Responsive to the Final Office Action dated April 21, 2005, please amend the aboveidentified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

06/24/2005 TBESHAH1 00000007 10072567

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PTO/SB/21 (09-04) (AW 10/2004)

Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 11

Application Number	10/072,567	
Filing Date	February 8, 2002	
First Named Inventor	Naroun Soun	
Art Unit	3731	
Examiner Name	Bui, Vy Q.	
Attorney Docket No.	BSI-480US	

ENCLOSURES (Check all that apply)									
Fee Transmittal Form Fee Attached	Drawing(s) Licensing-related Papers		After Allowance Communication to TC						
Amendment/Reply After Final Affidavits/Declaration(s)	Petition Petition to Convert to a Provisional Application		Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply						
Extension of Time Request	Power of Attorney, Revocation, Change of Correspondence Address		Brief) Proprietary Information						
Express Abandonment Request	Terminal Disclaimer		Status Letter Other Enclosure(s) (please						
Information Disclosure Statement	Request for Refund		identify below): Receipt Card, Fee Transmittal, Credit Card						
Certified Copy of Priority Document(s)	CD, Number of CD(s) Landscape Table on CD		Form						
Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks:								
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT									
Firm Name Signature Printed Name Pex A. Donnelly Date June 20, 2005 Registration No. 41,712									
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:									
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Typed or Printed Name Janet E. Abbott		Date	June 20, 2005						

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PTO/SB/17 (12-04v2) (AW 1/2005)
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Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).		Application Number 10/0		10/07	0/072,567					
FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27			Filing Date Febru		Febru	ruary 8, 2002				
			First Name	d Inventor	Narou	ın Soun				
			Examiner Name Bui,		Bui, √	i, Vy Q.				
			Art Unit 3731		3731	31				
TOTAL AMOUNT OF PAYMENT (\$) 1,000.00				Attorney Do	ocket No.	BSI-4	80US		_	
METHOD OF PAYMEN	NT (check all	that apply)								
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authorization on PTO-2038. FEE CALCULATION										
1. BASIC FILING, SEA	RCH, AND I	EXAMINATION	FEES	·						
	FILING	FEES	SEARC	H FEES	FXAN	/INAT	TION FEES			
		mall Entity		Small Entity			mall Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee</u>	<u>(\$)</u>	<u>Fee (\$)</u>	Fees Paid (\$)	- 1	
Utility	300	150	500	250	200	0	100		- 1	
Design	200	100	100	50	130	0	65			
Plant	200	100	300	150	160	0	80		- 1	
Reissue	300	150	500	250	600	0	300		- 1	
Provisional	200	100	0	0	(0	0			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims over 3 (including Reissues) Multiple dependent claims Total Claims Total Claims Total Claims Tee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Total Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Claims Fee (\$) Fee Paid (\$) Total Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Claims Fee (\$) Fee Paid (\$) Total Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)									5)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):										
SUBMITTED BY Complete (if applicable)										
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Signature Registration No. Attorney/Ager Name (Print/Type) Rex A. Donnelly				ey/Agent)	41,712		Telephone	(302) 778-2500		
Name (Print/Type) Rex A. D	Donnelly						Date	June 20, 2005	_	

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